

# THE CHILD

MAY 1953



## CHILD HEALTH DAY, 1953

by the President of the United States of America

### *a Proclamation*

WHEREAS the Congress, by a joint resolution of May 18, 1928 (45 Stat. 617), authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day; and

WHEREAS the health and wholesome development of our children are matters of the deepest concern to all Americans; and

WHEREAS the stresses and strains of our times create many problems bearing on the spiritual and emotional health of our children and are reflected notably in juvenile delinquency; and

WHEREAS we have made tremendous advances in overcoming the most severe physical hazards of childhood, and are now striving to make equally significant progress in understanding the nature of emotional health, in order that our children may grow into mature, responsible citizens of a democracy:

NOW, THEREFORE, I, DWIGHT D. EISENHOWER, President of the United States of America, do hereby designate the first day of May, 1953, as Child Health Day; and I urge all parents and young people, and all other individuals, as well as agencies and organizations interested in the well-being of children, to increase their understanding of the emotional, social, and spiritual growth of children, so as to apply this understanding in their day-to-day relations with the rising generation.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the United States of America to be affixed.

DONE at the City of Washington this twentieth day of February in the year of our Lord nineteen hundred and fifty-three, and of the Independence of the United States of America the one hundred and seventy-seventh.



By the President:

*Dwight D. Eisenhower*

*Dean Acheson*

Secretary of State

# TO UNDERSTAND CHILDREN BETTER



## OVETA CULP HOBBY

**A**MERICANS could do a tremendous job of preventing crime, unhappiness, and mental illness if they would carry out the objective of Child Health Day for 1953.

Child Health Day, proclaimed by President Eisenhower for May 1, 1953, is the day on which all Americans are urged "to increase their understanding of the emotional, social, and spiritual growth of children, so as to apply this understanding in their day-to-day relations with the rising generation."

We know that children who do not get the chance to develop their fullest capacities in each stage of their growth run larger risks of growing into maladjusted, unhappy, and not fully productive adults.

All along the way we see evidence that the knowledge we have about child growth is not being fully applied. We see it in rising juvenile-delinquency rates, in a fantastically large national crime bill, in mounting numbers of emotionally disturbed, mentally ill people.

There is nothing that leads us to believe that people are born delinquents or criminals. It is in their childhood that tendencies in these directions first appear.

If, as parents, we can understand more about the growth processes of childhood, we increase the chances that our children can develop the emotional and mental strength required to live happy, useful, and satisfying lives.

Those who are interested in learning more about the stages of growth might start with "A Healthy Personality for Your Child," a booklet published by the Children's Bureau. It sums up in popular form what we know today of how children grow emotionally and has a companion "Discussion Aid" for groups that want to talk over the problems they encounter in rearing and working with children.

The Children's Bureau is proud to join with the State and local health departments, traditional sponsors of Child Health Day activities, in their observance of May Day.

The 1953 observance marks the twenty-fifth year that Child Health Day has been observed by Presidential proclamation. It was authorized

by a joint congressional resolution, passed in 1928, which called attention to "the fundamental necessity of a year-round program for the protection and development of the Nation's children."

In the quarter century since President Coolidge issued the first Child Health Day Proclamation, through new medical and scientific discoveries and extensive public-health work, our country has made tremendous advances in overcoming many of the great physical hazards that used to threaten children.

In the words of President Eisenhower, "We are now striving to make equally significant progress in understanding the nature of emotional health in order that our children may grow into mature, responsible citizens of a democracy."

OVETA CULP HOBBY became the first Secretary of Health, Education, and Welfare April 11, 1953.

On that day, the President's Reorganization Plan No. 1, 1953, went into effect, changing the former Federal Security Agency, of which Mrs. Hobby was Administrator, into the U. S. Department of Health, Education, and Welfare.

Mrs. Hobby was born in Killeen, Tex. She received her education in the public schools of Killeen, under private tutors, and at Mary Hardin-Baylor College.

In 1942 when the Women's Army Auxiliary Corps was created Mrs. Hobby was appointed as Director. In 1943 the Corps became the Women's Army Corps, and Mrs. Hobby served as its Director, with the rank of Colonel, till 1945. She was awarded the Distinguished Service Medal by the United States Government and the Military Merit Medal by the Philippine Government.

At the time of her appointment as Federal Security Administrator, Mrs. Hobby was editor and publisher of the *Houston Post* and

executive director of Station KPRC-AM-FM-TV.

Mrs. Hobby served as consultant on the Bipartisan Commission on Organization of the Executive Branch of the Government, and later on the Board of Directors of the Citizens Committee for the Hoover Report. She was on the National Advisory Council of the American Cancer Society.

She is a former member of the Board of Governors of the American National Red Cross and has been a member of the Defense Advisory Committee on Women in the Services. For several years she served on the Board of Directors of the National Conference of Christians and Jews.

Mrs. Hobby holds honorary degrees from Baylor University, Mary Hardin-Baylor College, the University of Chattanooga, Sam Houston State Teachers College, Colorado Woman's College, and Bard College. In 1950 she was awarded honor medals for distinguished service to journalism by the University of Missouri and by the Texas Press Association. In 1951 her name was added to the roster of the South's Hall of Fame for the Living.



# FOR BETTER AND HAPPIER CHILDREN

## School Is More Than Three R's

EARL J. McGRATH  
*Commissioner of Education,  
Department of Health, Education, and Welfare*

Most children like to go to school. They like to go for a variety of reasons. Usually, when boys and girls are enthusiastic about school it is because they feel the teacher likes and understands them. In return, they like her.

All over the country, there are classrooms that reflect good pupil relationships. In such classrooms, every child comes to know that:

—he has friends in the class, his being “there” makes a difference, and he is missed when he is away.

—the teacher and principal believe in him. He and his schoolmates have a part in planning what goes on in school. Their ideas count.

—his work is important to the group. Once he accepts responsibility for something which he is able to do and which is needed by the group, he must carry through; he approaches his responsibility with confidence that he can carry it. He knows that he does not have to work exactly as others do; instead, he can work at a pace and in a way that is comfortable for him. He learns, however, that he must often work hard to do the work he really wants to do.

—he can get help in carrying out his responsibilities from his teacher and classmates, from books and other source materials as he works alone, in a group, or as a committee member.

—he is becoming more skillful day by day as he learns to read, write, figure, listen, and talk; to make decisions on the basis of what he reads, hears, sees, and discusses; to express himself creatively through different mediums; and to work with materials and tools. He knows that as he becomes more skillful both he and the group profit.

—other children respect his rights

and belongings and he is learning to respect their rights and belongings.

—he can trust the teacher and his classmates and they can have faith in him.

—the teacher is a friend who will listen to him when he is troubled and will hold in confidence the things he tells her in confidence.

—he and his teacher and his parents are all friends, working together to help him “grow up” and since he is doing his best they, as well as he, are satisfied with his progress. Consequently, he is free from anxiety, tension, and fear.

## Prescription for Peace

BROCK CHISHOLM  
*Director General, World Health Organization*

The observance of Child Health Day in the United States is a reminder to all of us of the very intimate relationship which exists between the health of the child—when defined as total health—and the solution of the great crisis which confronts humanity today.

If in our ignorance, our short-sightedness, our lack of courage and vision, we continue to deny our children the blessings of physical well-being; if, moreover, we continue to inculcate in them prejudices, uncritical and emotional beliefs in unreasonable things, excessive fears of others and, as a result, aggressive desire for power and domination, then we can be sure that the world of tomorrow will be a world of fear, of chaos, of cruelty—and of death.

If, on the other hand, we succeed not only in making our children physically healthy, but also in freeing them of our taboos, our anxieties, our destructive impulses; if we teach them to feel, and to act in accord with, a sense of responsibility for the welfare of their fellow human beings—not just locally, not just nationally, but for the whole human race, then we need not worry about our future

and theirs; it cannot but be secure, peaceful, and truly rich in the values that make life worthwhile.

To resolve on May 1 to dedicate our energies to the healthy emotional development of our children will be to provide ourselves and them with one of the strongest possible guarantees that man's age-old dream of a better and happier world shall after all become a living reality.

## Clue to Child Health

R. H. FELIX, M.D.  
*Director, National Institute of Mental Health,  
Public Health Service,  
Department of Health, Education, and Welfare*

On Child Health Day in 1953, we can see the gradual evolution during the past few years of a new concept in child health.

We recognize that the child with persistent behavior problems is neither happy nor healthy, and that a crippled personality may be just as serious a handicap as a crippled body. We also recognize that it is impossible to deal with the child alone, and that we must also deal with the adults upon whom he is dependent.

It is gratifying that communities are making efforts to help both children and parents by establishing more child-guidance clinics. All child-guidance workers recognize how important it is for parents to see that a child feels wanted and loved throughout childhood.

Parents should help the child develop his own personality, and not try to make him a carbon copy of someone else. He should not be over-protected or overindulged, but should rather be able to feel that he can rely on his parents for consistent attitudes, sympathetic understanding, and a gradual “loosening of the apron strings.”

Child Health Day should remind us all of our obligation to help every child grow up to be a well-adjusted individual, able to face his duties with resourcefulness and to choose his opportunities with wisdom.

# CHILDREN IN THE CONTEMPORARY SCENE

GEORGE E. GARDNER, Ph.D., M.D.

ONE of the hardest things in the world for man to evaluate is his present world—his contemporary scene—whether he views it solely in relation to his own position, enmeshed in his own series of relationships, or whether he tries to estimate the worth of his entire society in respect to some particular social issue or social program. It is much easier for him to appraise a historical segment of the past or to speculate upon the fruitfulness of a future plan than to state categorically and emphatically just where he now stands. His own involvement or investment in his numberless roles in the present precludes accuracy and minimizes objectivity.

But he is forever trying such measurements, and I too shall try as a physician and psychiatrist to outline for you what the American child and parent face as they seek what seems to me to be that ultimate goal for both—namely, a comprehensive child-care program in a democratic society. I have no doubts whatsoever as to the correctness of the goal, and I would be particularly emphatic in my inclusion of the word “comprehensive” and the word “democratic.” For you will note as I proceed that any shortcomings that we have in the care of children in our country today can be ascribed either to a lack of “comprehensiveness” or to a lack of “democraticity” or to both.

This then is the larger measurement that I would apply—or better, it is the microscopic low-power view that one can take of our present scene. But the high-power view, and the most revealing measure applicable, is that which involves not the whole field, but the selection merely of the individual child within an area—any specifically designated child in any area of our field. Only



The child-guidance clinic, with its emphasis on psychiatric care, is less than 50 years old.

through such samplings can one get an estimate of how far we have actually approached our goal of democratic comprehensive child care, and only in such samplings do we discover the moderate—or the painful—lacks that must be eradicated. My basic thesis, therefore, is that our present scene—or any society—can be judged in respect to the adequacy of its child care only by estimating what programs have been devised in that society to care for the *individual needs* of the individual child, and to what extent this program of individuation has become universally applied. The battles that have been waged and won to secure the more

adequate care of children, whether in the area of sheer protection of life, the prevention of disease, universal education (or specialized education within this framework), the treatment of the delinquent child or the emotionally disturbed child—all these battles have been waged for the expansion of the concept of individual treatment in accordance with individual needs.

## Advantages not universal

Then how does our contemporary scene measure up? I am intrinsically an optimist. In other writings I have declared my position as an optimist as regards both American children and American parents, and I am happy to do so again and with it add my optimism regarding the present-day scene in general. I do this in the hope that it may have a tempering effect on whatever pessi-

GEORGE E. GARDNER is Director of the Judge Baker Guidance Center, at Boston. He is also Editor of the *American Journal of Orthopsychiatry*.

Dr. Gardner gave this paper at the Play Schools Association Conference, New York City, January 24, 1953.

mism I have toward the present scene, which we are now considering. I am an optimist, but not a satisfied one—and least of all a blind one.

However, I am thoroughly convinced that nowhere in the world at any time in history has the level of child care been as high as it is in America today. Widespread programs of disease prevention—supervision of milk and food supplies, rules and regulations in regard to sanitation, well-timed immunization procedures, and recreational programs—are all designed to meet the basic physical needs of children.

I know, of course, that these do not reach every individual child, and hence fall short of our goal of universality, but withal these disease-prevention programs of ours are the marvel of the world when viewed from the distance of numberless countries that one might mention.

To move to the area of *cure* of disease in childhood, I might mention that just a short 16 years ago when I was a house pupil and resident in pediatrics, before the discovery of the modern antibiotics, we were (at least by present-day standards) practically powerless in the face of certain infectious agents. (I should say in passing that the major

emphasis in pediatric practice will probably change under the impact of these curative measures.) Finally, merely to emphasize the uniqueness and comprehensiveness of the child-care scene, I will recall to your mind that the child-guidance clinic, with its emphasis on the psychiatric care of children, is a contribution to the total program that is less than 50 years old.

#### Parents are conscientious

And now to reemphasize my optimism, I should state also that in spite of the fact that I am a child psychiatrist who sees at times the most flagrant evidences of the physical, emotional, social, and moral neglect of children by their parents, I am convinced that no society of parents, taken by and large, have ever been so desirous as are parents in present-day America of extending to their children—and so eager to prepare themselves to extend to their children—over-all thoughtful and scientific care.

As one views the sincere efforts of the great majority of American parents to familiarize themselves with all the tenets of good child care involved in the medical and psychiatric programs that I have outlined above,

and when one notes the eagerness and conscientiousness displayed in insuring that their children receive the benefits to be derived from such programs, one very soon gives up the easy and seemingly popular role of “parent-baiter.” (Possibly I shall be read out of the American Academy of Child Psychiatry for such heresy, but if so, I shall feel that I have been demoted for leading a much-needed crusade!)

In the light of all this, why should I not be completely contented with the contemporary scene? For I am really not content. I am not content for two reasons: First, because—as I stated above—these programs are not yet universally applied and within the reach of all parents and children; and secondly, because we in America are continually forced to use up a lot of our energy in fighting rear-guard actions against those who would either (a) modify our present programs of individuation of treatment of children; (b) prevent an expansion of them; or (c) worst of all, eliminate them entirely on the grounds that society as a whole is not responsible for carrying them out.

Before specifying the area of my discontent, I would like to bring to your attention what seems to me to be a growing tendency of the moment in regard to the general philosophy of child care. This tendency is a temporary (I hope it is temporary) swing away from programs entailing inherent democracy and individuation in child care toward those inherently totalitarian and disciplinary in nature. There is a growing distrust of that which might be termed progressive and individuated in nature.

As indicators of this undesirable reaction I would cite for you three items printed recently in one of our large metropolitan dailies:

1. The first was a reported interview with a judge of one of our leading juvenile courts, outlining the causes of the recent increase in juvenile delinquency throughout the country. The report said that the judge “attributed this intolerable situation to four factors: (1) misinformed but well-intentioned social workers; (2)

Programs for prevention of disease in children are at a high level in this country today.



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police laxity on full enforcement of the law; (3) courts handicapped by pressure of modern thinking; and (4) parents." The judge also "said the situation has been developing for the past 20 years, 'or since about the time of the introduction of the philosophy that there is magic in the medical approach to cure young delinquents. This is known as the progressive attitude.'" As the treat-

It is obvious to us that these pronouncements indicate a growing distrust of our programs of individuated child care; and though a single statement does not reflect the feeling of all the representatives of any one of these three fields, there may well be a generalization of such feelings at the present time; and the struggle for ideas and ideals essentially democratic in nature against the yearning

with more problems to be solved, and we must be ready with enlightened methods to solve them. It will be well worth the price.

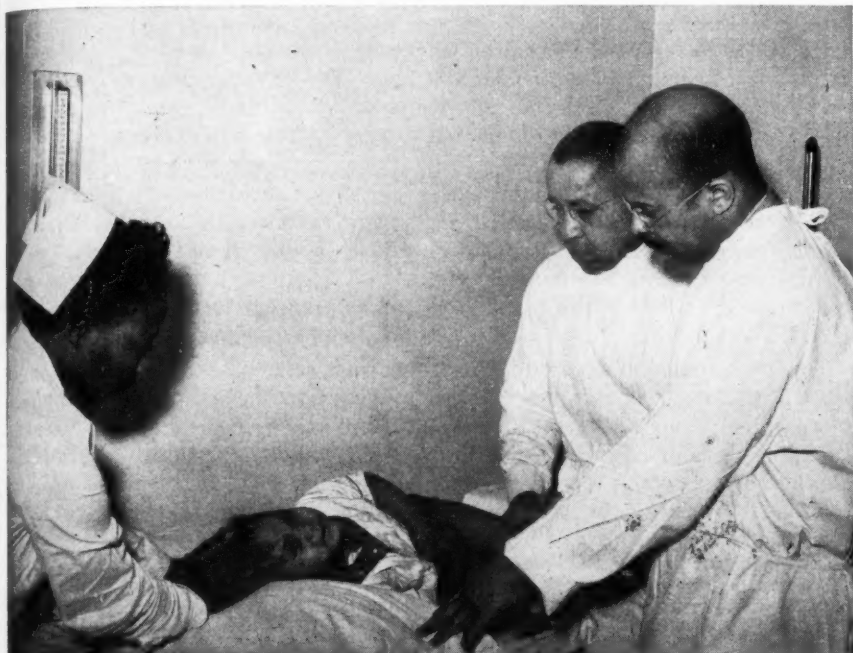
The repeated emergence of this opposing philosophy of child care is the source of my *general* discontent with the contemporary scene. I will list some specific areas of child life that need our attention if all children are to be accorded the comprehensive and individuated care that is my chosen measure of minimal excellence:

**1.** In the field of physical health more and more research and treatment programs are needed relative to (a) prenatal care of mothers; (b) care of premature infants; (c) early and adequate treatment of congenital defects; and (d) care of children who are physically handicapped as a result of infections, such as polio, that attack the central nervous system, or of handicaps resulting from the accidents sustained by children in this exceedingly dangerous (to children) world of ours. In respect to all our services, I would especially emphasize the woeful lacks in application in our rural areas. Children and mothers in these areas are definitely in the position of second-class citizens when their opportunities to secure medical care to insure life and health are compared with those within easy reach of people in urban places.

**2.** I would cite secondly the minimal or nonexistent facilities for mental-health care (and particularly preventive care) of children in *all* areas of the country. This applies to both the mentally handicapped child and the emotionally upset or maladjusted child.

**3.** In the field of education we are not yet even approaching the needed emphasis on the individual educational needs of our children. I do not refer here only to the lack of physical facilities or the lack of teachers. These shortcomings are known to you. But of equal concern is the lack of individual care of large numbers of normal children with generalized or specialized learning blocks or disabilities. Not to apply

(Continued on page 149)



We now know much more than we used to about how to cure the diseases of childhood.

ments of choice the judge urged that "we must get as tough as they are and put them where they won't be menaces to the public," and added, "We have to return to the system of reward and punishment."

**2.** A second item, from the field of the clergy, suggested that the maladjustments and misbehavior of children were the result solely of godlessness and urged the induction of rigid moral codes as the one best preventive or treatment.

**3.** The third voice was raised by a group of nationally prominent educators, who were firm in their belief that the present-day emphasis on social studies was ineffectual and a waste of time, and urged that a return to an efficient grounding in "the three R's" and academically oriented history be instituted in our schools.

for the more disciplinary totalitarian notions of child rearing is always with us.

#### Problems worth solving

I submit that one essential difference between totalitarian programs and democratic programs in this area is that the totalitarian programs are easier to carry out. There would be fewer problems in such a system, and problems as they arose would be handled in a swift, summary, and repressive manner. On the other hand, the very essence of our democratic, progressive program of child care is that it places a higher value upon sensible and constructive freedom of expression by the child than it does upon coercion and restraint. And to maintain this value, we must content ourselves with being faced forever

# SOCIAL CASEWORK AND THE CHILD CAMPER

ADELAIDE Z. PALUMBO

CAMP has been reputed to do a child so much "good" that ideas about it have outranked those about spinach as a "must" for sturdy growth. The concentrated period of group living outdoors has been believed to supply any quantity or quality of nutrients for a child's body, mind, and soul. With the best of intentions, we caseworkers have fed camp to a child without first assessing his need to have it or his capacity to take it.

A camp vacation, of course, can be a truly enriching summer interlude in a child's life. In camping 24 hours a day he meets all kinds of spontaneous and planned opportunities for social relationships not only with other children but with adults, and for creative and educational experiences.

One major factor to remember, however, is that a child's primary group experience comes from his family, and we must not, therefore, lose sight of the fact that the child's camp stay is a temporary group placement. If we caseworkers have a part in planning a camp placement, we should accept our responsibility for knowing enough about the prospective camper, his family, and their interrelationships so that we are clear that a camp vacation is what the child needs and wants. Also we should have enough knowledge about the camp. There are camps and camps, and the fact that a camp is approved does not mean that it is

necessarily a good camp for a particular child.

Because family agencies, children's agencies, and health agencies have been sending children to camp for years, it is rare to find a caseworker who has not had some direct or indirect experience in placing children in camp.

In order to improve their practice in camp placements, some agencies have a caseworker as "camp chairman," who handles all arrangements and relations with camps, consults with their staffs, and, through visits and reports, evaluates the camps the agency will use. Others set up temporary staff committees to study the casework practice of the agency in relation to camping.

One such committee concluded that "camp placement is a casework service, which requires as good diagnostic thinking and casework planning as any service which the agency has to offer." This is a sound first principle in camp placement.

Camp life is an environmental treatment experience that we offer children with various individual or family difficulties. How can we make the most of this temporary placement for the best interests of the parents and of their children?

There is a growing trend toward working out ways and means of answering this question. Caseworkers and groupworkers who have worked in camps, and the camping organizations that have employed them, are becoming convinced that closer cooperation between camping organizations and social-work agencies is a sound and effective way to team up toward their common goal of helping children.

Social workers are now taking varied roles as camp counselor, as supervisor of counselors, and as camp-intake and follow-up worker. Insofar as we in social work take a more active part in camping programs, our understanding of children's behavior will be enriched by

In 24-hour-a-day camping a child gains spontaneous and planned opportunities for social relationships with other children and with adults, and for creative and educational experiences.



ADELAIDE Z. PALUMBO has her master's degree from the School of Applied Social Sciences of Western Reserve University, from which school she also received a Commonwealth Fund Fellowship in Advanced Psychiatric Social Work. She has had a wide experience in family, children's, group, and health agencies.

Mrs. Palumbo's article is drawn from personal experiences in agencies in the Midwest and the East. Since 1947 she has been with the Community Service Society of New York both as a caseworker and as group therapist in its Division of Family Services and for the past 2 years in its Department of Public Interest, where she is also a contributing editor to the Community Service Society Weekly Bulletin.

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more first-hand experience with both normal and maladjusted children, and we shall learn more ways by which we can improve and quicken our help to them.

The day may come when it will be more common for workers in health, education, social work, and camping to team up *in camp*. Some privately owned and operated camps, as well as organizational ones, have done this by engaging groupworkers and caseworkers, psychiatrists, psychologists, and education and recreation specialists. These workers' experience indicates that camping is as yet an untapped natural resource for dealing with the whole child. Some camps are authorized to offer accredited field experience to social-work students. Social workers who are planning to work with families and children in casework, group-work, or psychiatric agencies would do well to investigate such opportunities.

#### **The caseworker acts as consultant on camping**

The caseworker from an outside agency who is to serve as consultant to the camp of a groupwork agency should first become well acquainted with the function of the latter. This is especially important if he has never had any groupwork experience. His role may be defined by assignment: for example, he may help in the training of camp personnel, or he may be available for consultation on individual situations.

If the caseworker is on the staff of the groupwork agency he should know when to suggest closer case-work and groupwork cooperation in the over-all program. In the YWCA, for example, a caseworker, known as the "personal counselor," is available for help to any individual who comes to the "Y," or to any of the departments of the Association. She thus functions in connection with the various agency services as well as in her own line of giving individual help. This has particular value in relation to camping.

For instance, it was a chance interview between such a worker and a little girl that brought about an im-

portant improvement in the camp-application policy of a YWCA.

In the camp director's absence, I was asked to interview a 12-year-old youngster, Kathe, who came to our office during her vacation from an out-of-town boarding school. Kathe feared her camp application might be rejected, as a balance was due on her last year's bill.

She matter-of-factly explained that her aunt, who had sent her to camp, was not her legal guardian, although she was the only relative on whom she could depend. Her parents, separated by mutual consent, had never got along well enough to make a home for her.

Her father, out of town on a war job, was accustomed to sending her tuition fees directly to her school because her mother was not responsible in handling money. Unfortunately, instead of paying the camp fees in the same way, he had given the camp payment to her mother, and the camp bill was not paid.

Kathe could not bear to think she might not go to camp. She "lived" for it all year. When I said that she was with a lot of girls during the year and suggested that she might want a vacation from dormitory life, Kathe took me to task and said there was "no comparison." She described her life in a large sectarian boarding school, where she got along fairly well. Though the dormitories were large, she felt it was the best solution for her in view of her broken home.

At camp, however, there were only six beds in a cabin and she and her bunkmates had a counselor "all to themselves." The girl found living in a small group under able, relaxed leadership a happy experience to which she wanted to return. It was evident that to Kathe her bunk unit was a substitute family group.

When I asked Kathe to tell me about how she happened to go to camp in the first place, she sighed and said it was "quite a story." At the end of her school year she had returned to her aunt's home to begin her summer vacation. But her aunt told her that the hours of her war job were changeable from time to time, and

therefore she could not have Kathe with her. The next morning Kathe found her clothes packed for a "surprise" trip. She was apprehensive, yet she realized that her aunt could not possibly care for her. Although she knew her aunt would not send her "just any place," Kathe was "plenty scared," even after she had arrived at camp.

When I said it was too bad she had not known about camp and that it was a lucky break that she liked it, Kathe agreed. She "loved" camp and if she could go again she would explain about the bill to her father. I told her that the bill would need to be paid first but that I would talk to her aunt. Everything was settled later, and Kathe went to camp.

This girl's application, like most applications at that time, had been handled by mail. Not until she was interviewed in person was her problem brought to the fore. When the interviews with Kathe and with her aunt were described to an advisory committee composed of lay and professional people, they unanimously recommended that in future all camp applicants and parents have a personal interview, and they offered the services of the "personal counselor" to the camping department.

When the agency executive, the camp director, and the counselor met together to set down criteria for camp intake, they drew up two outline forms for interviews with each camper and her parent. Caseworkers on committees and groupworkers on the staff volunteered to help in the interviews, which were to be scheduled for both day and evening appointments.

Records of sample interviews held by the counselor and the camp director were examined so that they could use practical experience with the outlines in orienting interviewers. In this way the interviewers became somewhat acquainted with all phases of camp life, such as regulations, policy in handling bedwetting, food fads, and illness, and so on, so as to be prepared for parents' and campers' questions. The arrangement of the waiting room, with camp pictures, set the feeling tone of the camp project.

Through the intake interview it was possible to make early decisions on camp applications; this, in turn, helped the camp director, who had learned a good deal about the campers before they arrived. The caseworkers and groupworkers who cooperated in the project made the satisfying discovery that their purposes and goals for children were parallel and that they had more ground in common than they had been aware of before this joint experience.



Camping can be an enriching interlude, especially for a well-adjusted child. Other children can often be helped by a caseworker so that they too can get the most out of camp life.

An awareness of group dynamics and some groupwork experience are desirable for a caseworker who handles intake for a camp. With this preparation he will have keener perception, for example, of the degree and kind of aggressive or withdrawn behavior that can be handled helpfully through a group experience. In a casework relationship the child and the caseworker are the only two individuals involved in the treatment interviews; but in group relationships the child, the other children, and the group leader are involved and the interaction may be more than the child or the group can accept.

In his diagnostic thinking the caseworker not only should focus one eye on the camper as an individual and the other on the group with which he is going to live, but should then accommodate both eyes to the total situation. If unconsciously the caseworker allows himself to become overidentified with the needs of the individual child he will lose sight of that child as a member of a group.

Factors like time, sex and age of campers, program, budget, and personnel may at some time enter into

an individual camp decision, but the basic consideration is the child.

Should it be in the best interests of the child and the parent for him not to go to camp, the caseworker should be responsible for following through on any necessary referral to another agency or a private resource. The camp application in itself is a helping process, and a placement that does not materialize may open the way for needed help to a child and his family from other sources.

#### Role of the caseworker in camp

The boys' camp operated by the Community Service Society of New

York is for children of families under care of its caseworkers and its public-health nurses. Some of the youngsters who go to camp have already been receiving individual casework help.

During the camp season to which this article refers, the camp director and the caseworker were the only social workers on the camp staff and both had had groupwork and casework experience. The director, a trained and experienced groupworker, had done student casework in the Society; and the caseworker had had training and experience in groupwork and activity group therapy. The counselors were college undergraduates or graduates, except one who was a high-school student. All were on the staff for the season only.

In general, the responsibilities assigned to the caseworker in the camp were such that they could have been carried out by either a man or a woman. The caseworker was to be the liaison between the camper and the Society's caseworkers and nurses. The fact that the caseworker in a camp for boys was a woman, of course, affected her role.

As caseworker she dealt with children who had difficulties in adjusting to group life and who were referred to her by counselors for special attention. Campers came to her on their own initiative and also referred their friends. In addition she supervised the counselors regarding children and their needs. She was responsible for the use of the "camp summaries" and shared pertinent material from them with the counselors. (Camp summaries are reports sent by the agency to the camp to provide information about the individual children.)

She was available for consultation with counselors through regular conference and as needed. Through her supervision they were helped to understand to some extent the interrelationships among the children in their groups and their own emotional involvement in the experience. Although she did not attempt to go into this deeply, she was able to touch on it sufficiently to provide consider-

able support of their individuality.

The counselor worked on the individual child and to see that he was placed in a group if possible.

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able support for counselors who had the maturity to become more aware of their involvement.

The composition of the groups that the caseworker had set up was worked out in line with the needs of the individual campers and the kind of supervision that was planned for them. The criteria for grouping helped some counselors to see the individual child as a part of the group and to see the group as a whole. For example, when the caseworker helped counselors to set up the bunk sleeping arrangements, they could foresee that a belligerent, provocative boy placed next to a passive, submissive one would set the stage for a bully and a victim, or that an all-around boy able to defend himself could be placed to better advantage to the group if he were between a shy, withdrawn boy and a fairly aggressive one.

S. R. Slavson, under whose supervision the writer carried on group therapy, suggests that camp groups be made up on the basis of "interests and quality of personalities." "Common interests," he says, "are a bridge between people \* \* \*. They prevent isolation of individuals and fragmentation of the group."

Unfortunately, the camp summary often is not clear about a camper's interests and activities. The summary may say that the child likes music, but may not tell whether he likes to sing, or dance, or whether he can play an instrument. It may mention that he likes "sports and games" without specifying what kind, and without saying whether the child wants to be a spectator or a participant.

It is possible, however, to learn enough from the child himself and from his parent or teacher about his preferences and his responsiveness to creative ideas so that his natural interests and talents can be a means for satisfaction and achievement.

The caseworker in camp needs to be flexible and to be able to adjust his supervision of counselors to their experience and emotional equipment.

Some counselors need direct suggestions on handling individual children. Help ranges all the way from

giving very simple suggestions, such as casually taking an elusive and restless child by the hand when going to dinner, to more involved interpretation of the cause and effect of behavior. For example, the caseworker might need to interpret to a counselor how he might be trapped by a child with a neurotic need to provoke him. She could then point out to him the step-by-step process of becoming aware of this kind of behavior pattern so that he might, in the future, be better able to handle himself, the child, and his group. The caseworker has to gage the all-around needs of the counselor in relation to his individual campers.

In the camp mentioned here, the agency caseworker was the liaison person in relationships outside the camp. She kept in close touch with the agency's caseworkers and nurses during the camp session by means of memos and telephone calls to them personally or through the agency's camp consultant.

These communications from the camp were about adjustment difficulties that might necessitate a visit from the child's caseworker or nurse, or about a pending decision to send the child home, or achievements of youngsters that merited recognition, or about any of the myriad problems of camp life, such as those concerning mail, clothing, spending money, homesickness, and anxieties about the family.

When counselors wrote their camp reports the caseworker on the camp staff added comments in regard to the child, the group, or the counselor. In situations in which she had had interviews with the child, or where the camp data were of diagnostic value, she recommended further social, medical, psychologic, or psychiatric study, or consultation with the health or casework services of the agency.

One such situation concerned a plump boy of 11, who became the butt of other campers because of his high-pitched voice and effeminate mannerisms. Desperately unhappy, he came to the caseworker to retrieve mail from the outgoing mailbox. He had written home that "this place is

awful," but he said now that he didn't mean it.

The caseworker suggested that some things about camp might be distressing to him, and he poured out his unhappiness and said the trouble was "there are too many boys."

This boy's body build was such as to raise the question of glandular imbalance. Closely coordinated work between the camp caseworker, who talked with the boy, and the family caseworker, who talked with the family, resulted in the boy's return home at the end of his first week, and he was helped to bear up under his experience. The family caseworker used the camp observations in consultation with the psychiatrist. The boy's difficulty at camp quickened the parents' concern about him, and they agreed to the recommendations for psychiatric treatment.

As would be expected, younger boys and "mother-dependent" campers frequently came to the caseworker with problems and often recreated the pattern of their mother-son relationship. One aggressive boy, who had been overprotected by his mother, would always come to the caseworker for implied "permission," whenever he was trying a new experience that he feared and wanted, such as his first overnight hike. He would usually start, "What do you say, should I go?"

When the caseworker happened to be on the swimming dock, youngsters vied with each other to show her what they could do. Adolescent boys who were sophisticated in their recreational tastes felt safe in voicing any criticism of program to her as a neutral person rather than the program director.

The caseworker in a camp lives, works, and plays with his colleagues and with the campers who are his temporary clients. He should be an outgoing person with a genuine warmth for children and an ability to share close living with others.

Professionally he should have some group-work philosophy and experience that is a part of him. An intellectual awareness of the group process is not enough. He is not a

(Continued on page 150)



# FILMS ON FAMILY LIFE STIR DISCUSSION

## Group leaders use educational motion pictures as a technique in parent education

ESTHER E. PREVEY, Ph.D.

"THAT'S EXACTLY what my oldest girl said when I told her to stay home. Remember, John?"

"Well, the father in the movie didn't act the way *my* husband does when *our* daughter answers back."

Talk like this is likely to start when fathers and mothers in a parent-teacher group have just seen an educational motion picture that brings up problems of family life. And if the group has a leader who does her part skillfully, both before and after the picture is shown, the group members' immediate comments usually develop into a rewarding discussion.

That is what we have found in the parent-education program of the Kansas City, Mo., public schools, in which about 100 groups of parents meet regularly with leaders who work under supervision of the schools' Director of Family Life Education.

The groups are organized by parent-teacher associations in different parts of the city, and they meet in their neighborhood schools.

### Techniques vary

Parent-education leaders are women well qualified by education and by experience in working with groups of adults. A continuous in-service training program allows for consideration of subject matter and techniques of presentation.

ESTHER ELIZABETH PREVEY, Director of Family Life Education, Kansas City Public Schools, received her doctorate from the Institute of Child Welfare of the University of Minnesota. Previously she was on the staff of the Merrill-Palmer School of Home-making, Detroit, Mich., as parent-education specialist.

Dr. Prevey is at present serving as chairman of the Committee on Home and Family Life for the National Congress of Parents and Teachers.

The subjects, of course, cover wide fields, for when we talk about family life we may touch on such matters as baby-sitting; parent disagreements about bringing up children; boy-girl friendships; school homework; grandparents in the household—the myriad things that enter into family life.

As for techniques, the present article takes up only motion pictures, but the leaders use other media also to help them stimulate discussion: Books and pamphlets, tape recordings, radio, and other devices, each of which deserves a separate article. Films, however, seem especially popular.

With scores of films available, we have to select those most likely to bring about fruitful discussion. Among those we show are "Answering the Child's Why," "Children's Emotions," "Fears of Children,"

"Meeting Emotional Needs in Childhood," "Palmour Street," "Preface to a Life," "Social Development," "Why Won't Tommy Eat?" and "Your Children's Sleep." Two film lists are on sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. One is "Motion Pictures on Child Life" (Children's Bureau. 61 pp. 40 cents). The other is "Mental Health Motion Pictures" (National Institute of Mental Health. 124 pp. 30 cents). The latter includes suggestions on using films for group discussion.

### Leader encourages discussion

But deciding on films is only one step toward our goal. We have found that if the parents are to get the greatest possible help from a selected movie, skillful leadership is needed, to channel the group discussion and keep it from wandering.

At the parents' meeting a leader prepares the way for the discussion by talking informally with the group before showing the picture. Since she is thoroughly familiar with the se-

This scene comes from "Preface to a Life," a film used by Kansas City's parent-education program. It was produced by the National Institute of Mental Health, Public Health Service.



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### Discussion

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quences, and has discussed them with other leaders and with the Director, she is able to help the parents look critically at the film so that they will be more ready to express their ideas later, whether they agree or disagree with its implications.

After the film is shown, the leader exerts her skill in carrying the discussion forward and bringing it to a conclusion that is satisfying to the group members because they feel that they really have gained some help that they needed.

As a step toward improving their techniques of leading discussion concerning films, leaders can refer to a memorandum prepared by the Director, which reads as follows:

### THE USE OF FILMS

Educational films on child life are used as a device or technique for stimulating the discussion of family relationships, principles of mental health, and child development. They are not used for entertainment.

#### Preparation

The group needs adequate preparation before seeing the film, but a detailed account of what goes on in it should be avoided.

Suggestions for preparation:

1. When selecting a film, be sure to choose one in which the ages of the persons shown are related to the interests of the specific group.
2. Mention can be made of what is to be seen, as: "You will see instances of discipline" or "You will see parents' disagreement."
3. Emphasize that what the film will show will be only one segment of child development, or family relationships, and does not represent a complete lifetime, with all its ups and downs. Also stress that not all that is shown will apply or happen to every family or every child.
4. Bring to the group's attention that the film is not trying to show the only or the ideal way to handle certain situations, and that the group does not need to agree with the people in the film. (In fact, disagreement will make for more lively discussion.)
5. Relate the film to a specific topic or idea, such as emotional growth, parents' goals, importance of the child's early years.
6. Clear up points that might be misinterpreted.

#### Discussion

Good questions are needed to stimulate discussion after the showing of a film.

1. Avoid questions that can be answered by "yes" or "no," such as "Did you like it?"

2. Avoid opinion questions, such as "Don't you think that is a good film?" or "Didn't the mother handle that well?"

In questions concerning family relationships and personalities, avoid "It is" or "It was," and use "It could be" or "It might be."

Examples of preferred form:

"What could have made So-and-so behave as he did?"

"What might be some possible causes for behavior such as So-and-so's?"

4. Use questions that will lead the group to think:

Examples:

"What would you have done if you were So-and-so?"

"How would you have handled [Name specific situation]?"

"What could have made So-and-so as he was?" (Unhappy, angry, resentful, well adjusted, and so forth.)

#### Summary

1. Summarize briefly the general principles brought out in the discussion.
2. Ask the group members whether they have any other observations or criticisms.

On a "Film Evaluation Sheet" the leader records a number of items concerning each showing. This record is helpful in planning for future meetings. The sheet asks, for example, whether the group had enough time for adequate discussion of the film. It asks whether the discussion was spontaneous and spirited, or whether the leader had difficulty in keeping it going. Another point to be noted concerns devices for the purpose of starting discussion: Whether the leader asked questions—and if so what questions she asked—whether she set up buzz sessions, and so forth.

In our family-life program we find that films are a particularly valuable discussion aid. When group members analyze the problems of parents and children in a fictional family as shown on the screen, they can talk freely without revealing that some of the problems might be similar to their own. Thus they are able to discuss intimate concerns without embarrassment to anyone.

By means of our weekly leaders' meetings and such devices as our evaluation sheet we are hoping to improve our techniques for stimulating parents toward growth in relating to one another and to their children.

## CONTEMPORARY SCENE

(Continued from page 143)

diagnostic and treatment measures in the cases of such children is not only educational waste; it is educational malpractice.

4. The lack of proper care and treatment of the juvenile delinquent also contributes to my discontent. Individuation of the child is probably needed more in this area than in any other. And I will state that the problem of juvenile delinquency, or rather the problems inherent in the development and expansion of suitable programs to care for these children, will never be solved on a local level, but will be solved only when the Federal Government assumes the responsibility of assisting the local areas.

I say this because every conference that has ever been held to set up programs in this area has ended on the note of emphasis that we just do not have the trained personnel to do the job required and the unhappy sequitur that moneys at the local level cannot be used to train personnel.

It follows in turn that lack of highly trained personnel in the field—and no way to train them—makes for a low prestige-value attached to persons engaged in work with juvenile delinquents. There is but one way to break this vicious cycle and provide adequate care for the delinquent child, and that is through establishment and expansion with Federal funds of training centers for the medical, psychological, social service, educational, and recreational experts that are so sorely needed. Such training programs have been sponsored in the field of mental health in the past 5 years and have recruited and trained hundreds of men and women for this important field. It could and should be done for the care of delinquent boys and girls.

5. I regret too the preposterous frontierlike attitude that persists regarding the emergence of special creative abilities in children. Such children are not specifically selected by us and their potentialities

encouraged and nurtured. On the contrary, they may very often be condemned.

It seems to me that just as our society zealously nurtures the development of future scientific personnel, we in a democratic society have every obligation to seek with equal assiduousness possible creators in the arts—and we need the educational machinery to discover such potential contributors to our culture to foster their growth.

I am totally unimpressed by the argument that such children will battle against adversity (or indeed will need to battle) to the point of effective creativity. And I should add too that I am chagrined that colleagues in my own field of child psychiatry are prone to view all deviance in child expression as a personality-destroying mechanism, with little or no consideration of the possibility that such atypicality may indicate—or may become—a creative deviance.

I will cease the elaborations of whatever pessimistic views I have of our contemporary scene with the added indictment that application of what we *do* know about child care—and *can do* about it—has not been extended to large areas and to large segments of our population in America. This I deplore—and I deplore even more the policy of extending such application through a process of expedient gradualism that seems to satisfy the thinking and feeling of many in our country. This thoroughly undemocratic process is the despair of us all and calls for a complete eradication of it through all the destructive means that we can apply.

In conclusion, then, these are my estimates of some of the aspects of the American scene as they relate to child care—good or bad, adequate or inadequate. I now reemphasize my original feelings, which are essentially optimistic. I am optimistic because in spite of temporary reactions that may ensue, our ideal of a universal comprehensive child-care program is as sound and as practical as the democratic system with which it is entwined.

## CAMPING

(Continued from page 147)

unit head, nor an administrator; but he is closely involved in all parts of the camp program, including its health and administration phases. It is important that he maintain his personal and professional relationships in balance and that he keep these clear and distinct as the need and occasion demand. He can be a friendly person who is easy to live with and still be a respected professional person who is comfortable to work with.

### Possibilities for caseworkers in camp

There well may be a role for caseworkers in many private and organizational camps, and in those operated for the special needs of physically or emotionally handicapped children. For the average comfortably adjusted boy or girl, too, caseworkers have an important role to play, for we know by experience that a little help, when needed, goes a long way with these children.

If schools of social work and camping organizations eventually develop more camp placements to offer for accredited field experience to students in casework and groupwork, both will gain. As either student workers or regular staff members these young men and women would share first-hand camp experience with their colleagues. In actual practice, a caseworker plans camp for only a few of the children under her care.

With camps as training centers for social workers, camping would develop its potential as a source of help for children, which it has yet to explore to the full.

Although social workers place children in camps for group experiences and although some social agencies operate camps, social work as a profession is not yet involved enough in camping. Not yet do camp staffs, as a rule, include social workers, either groupworkers or caseworkers. Yet a camp provides a service for children as much as does a child-guidance clinic, a casework agency, or a neighborhood center, and as such

it lies within the area of competence of social workers.

Significant trends are beginning to be apparent, however: A recognized school of social work has offered its first course in camping, and a vacation association has created the first fellowship for advanced study in social-agency camping.

Until social work as a profession takes more responsibility for camping, the practitioners must pave the way and demonstrate the need.

I hope the day is already here when more social workers are joining camp staffs in various positions from counselors on up to administrators. The more this is done, the sooner all of us will use camp experience as another means of learning about individual and group behavior of children of various ages. In a children's camp one lives with both the inner and outer world of childhood. What a natural opportunity for us, as social workers, to live and learn!

## FOR YOUR BOOKSHELF

**YOUTH, THE NATION'S RICHEST RESOURCE;** their education and employment needs. A report prepared by the Interdepartmental Committee on Children and Youth, of the Federal Government. 1953. 54 pp. For sale by Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 20 cents.

Today — not next year or next decade—is the time when we must use and cultivate all of our resources, human and material, if we are to survive as a democratic society, says this report, which, as its title suggests, looks on the young people of the Nation as our richest resource.

It is the responsibility of the community, primarily, to see that its young people are prepared to take their part in the world, the report maintains. To help communities fulfill this responsibility, the report presents facts on teen-agers in school and at work and on youth guidance, counseling, and placement services, and sets forth guides for communities to use in improving their services in these fields.

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The guides for improving school programs suggest, among other things, that school be related to everyday living, that the needs of individual students be emphasized, and that school-administration policies be planned to serve all children; and they offer suggestions on steps that communities can take toward attaining these ends.

Similar guides to improvement are given with regard to youth-employment conditions, and youth guidance, counseling, and placement services.

Communities are urged to use the guides to learn what gaps exist in their local programs and then to survey their resources to meet the needs. After the most urgent needs have been decided on, the next step is to explore the available financial aid from State and Federal resources for fulfilling these needs.

The report suggests various channels for information and consultation concerning improvement of community programs for youth. Some of those listed are: State and local committees planning for children and youth; public and private agency officials; State youth councils; State agencies, including education departments, departments of labor, health and welfare, employment service, apprenticeship councils, and agricultural extension service; and Federal agencies with programs that concern children and youth.

Some of the services available from Federal agencies are listed, along with some helpful publications.

The report was developed during 1950 and 1951 by a Subcommittee on Youth Employment and Education, of the Interdepartmental Committee on Children and Youth.

## REPRINTS AVAILABLE

A limited number of copies of the following reprints from *The Child* are available. Single copies may be had without charge until the supply is exhausted.

**Aid to Dependent Children Keeps Homes Together.** By Jane M. Hoey.

**America Welcomes Displaced Orphan Children.** By I. Evelyn Smith.

**Attitudes Toward Minority Groups.** By Annie Lee Davis.

**Boys and Books Get Together.** By Leita P. Craig.

**Chicago's Public Housing Program Helps to Save Babies' Lives.** By J. S. Fuerst and Rosalyn Kaplan.

**Children Can Be Helped to Face Surgery.** By Ruth M. Pillsbury, M.D.

**Citizens Help a Juvenile Court.** By Charles H. Boswell.

## CALENDAR

**May 1.** Child Health Day.

**May 1-7.** National Correct Posture Week. Sponsored by the National Chiropractic Association.

**May 3-9.** National Hearing Week. Twenty-fifth annual observance. Information from the American Hearing Society, 817 Fourteenth Street, N.W., Washington 5, D. C.

**May 3-9.** National Mental Health Week. Fifth annual observance. Information from the National Association for Mental Health, 1790 Broadway, New York 19, N. Y.

**May 3-10.** National Family Week. Eleventh annual observance, by Protestant, Catholic, and Jewish groups. Information from the National Council of the Churches of Christ, 79 East Adams Street. Chicago 3, Ill.

**May 4-6.** Society for Pediatric Research. Twenty-third annual meeting. Atlantic City, N. J.

**May 4-8.** American Psychiatric Association. One hundred and ninth annual meeting. Los Angeles, Calif.

**May 5.** Sixth World Health Assembly. World Health Organization. Geneva, Switzerland.

**May 6.** Young Women's Christian Association. Forty-sixth annual meeting of the National Board. New York, N. Y.

**May 6-8.** American Pediatric Society. Sixty-third annual meeting. Atlantic City, N. J.

**May 10-14.** Boys' Club of America. Forty-seventh national convention. Buffalo, N. Y.

**May 12-16.** American Association on Mental Deficiency. Seventy-seventh annual meeting. Los Angeles, Calif.

**May 15-17.** National Council of the Young Men's Christian Associations. Twenty-seventh annual meeting. Cincinnati, Ohio.

**May 17-22.** Tenth North American Assembly on YMCA Work With Youth. East Lansing, Mich.

**May 18-20.** National Congress of Parents and Teachers. Fifty-seventh annual convention. Oklahoma City, Okla.

**May 18-22.** National Tuberculosis Association. Forty-ninth annual meeting. Los Angeles, Calif.

**May 24-27.** National Conference of Jewish Communal Service. Fifty-fourth annual meeting. Atlantic City, N. J.

**May 25-27.** International Association of Governmental Labor Officials.

Thirty-sixth annual convention. Providence, R. I.

**May 25-29.** General Federation of Women's Clubs. Sixty-second annual convention. Washington, D. C.

**May 27-29.** Canadian Welfare Council. Thirty-third annual meeting. Ottawa.

**May 30-31.** American Diabetes Association. Thirteenth annual meeting. New York, N. Y.

**May 31-June 5.** National Conference of Social Work. Eightieth annual meeting. Cleveland, Ohio.

Some other organizations meeting in association with the National Conference of Social Work:

American Association of Group Workers.

American Association of Medical Social Workers.

American Association of Psychiatric Social Workers.

American Association of Social Workers.

Association for the Study of Community Organization.

Child Welfare League of America. Florence Crittenton Homes Association.

Medical Social Consultants in State and Local MCH and CC Programs (May 30).

National Association of School Social Workers.

National Association of Training Schools.

National Child Labor Committee. National Committee on Services to Unmarried Parents.

National Federation of Settlements and Neighborhood Centers.

National Probation and Parole Association.

**Regional conference, American Public Welfare Association:**

May 6-8. Mountain Region. Bismarck, N. Dak.

**Regional conferences, Child Welfare League of America:**

May 18-19. New England Region. Swampscott, Mass.

June 10-12. Southwest Region. Denver, Colo.

**Regional conference, American Public Health Association:**

June 10-13. Western Branch. Los Angeles, Calif.

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### U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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Social Security Administration  
William L. Mitchell, Acting Commissioner

Children's Bureau  
Martha M. Eliot, M.D., Chief

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